STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

April 3, 2018

Jean Zimkus
Yale-New Haven Hospital
20 York Street
New Haven, CT 06504

Dear Ms. Zimkus:

Unannounced visits were made to Yale-New Haven Hospital on March 14 and 16, 2018 by representatives of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached is the violation of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which was noted during the course of the visit.

You may wish to dispute the violation and you may be provided with the opportunity to be heard. If the violation is not responded to by April 17, 2018 or if a request for a meeting is not made by the stipulated date, the violation shall be deemed admitted.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice. The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction may be subject to disciplinary action.

We do not anticipate making any practitioner referrals at this time.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

DATES OF VISIT: March 14 and 16, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

If there are any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Heidi Caron

Heidi Caron, RN, MSN, BC, CLNC, SNC
Supervising Nurse Consultant
Facility Licensing and Investigations Section

HAC:mb

Complaint #23046

DATES OF VISIT: March 14 and 16, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following is a violation of the Regulations of Connecticut State Agencies Section 19-13-D3 (b) Administration (1)(2) and/or (i) General (6).

1. Based on medical record reviews, ambulance run sheets, emails, facility policies and interviews for one of thirty patients who presented to Hospital #2 for care (Patient #1), the Hospital failed to report a possible EMTALA (Emergency Medical Treatment and Labor Act) violation to the State Agency within the required 72 hour timeframe. The finding includes:
   a. Patient #1 was admitted to the Hospital #2's ED (emergency department) on 2/14/18 at 8:52 AM via EMS transport. Review of the ambulance run sheet dated 2/14/18 identified that Patient #1 first arrived at ED #1 via EMS at 8:19 AM, the ED MD tried to divert EMS however, the EMS transport was already backing into ED #1's bay. EMS personnel asked ED #1's MD to evaluate the Patient due to acute EKG changes indicative of a left bundle branch block (myocardial infarction). Further review of the ambulance run sheet identified that after the ED MD looked at the Patient's EKG at 8:19 AM, the MD instructed transfer to Hospital #2 as any delay would only delay patient care.
   Patient #1's medical record from Hospital #2 identified that the patient was evaluated at Hospital #2's ED on 2/14/18 with a heart rate of 131, blood pressure 150/90, respiratory rate of 24 and oxygen saturation of 94% on bi-pap. Patient #1 was diagnosed with an acute myocardial infarction, required intubation with mechanical ventilation and was subsequently admitted to the hospital. Patient #1's discharge summary dated 2/23/18 noted final diagnoses of acute pulmonary edema, hypertensive crisis, new paroxysmal atrial fibrillation and coronary artery disease status post stent placements. Review of facility documentation by the MD #1 (Medical Director of Emergency Medical Services) identified that on 2/23/18, MD #1 reviewed Patient #1's ambulance run sheet and sent an email to Attorney #1 at Hospital #2 regarding the transport. On 3/8/18, (13 days after Hospital #2 was notified), Hospital #2 reported the redirection of Patient #1 to Hospital #2 as a possible EMTALA violation to the State of Connecticut Department of Public Health (DPH).
   Interview with Attorney #1 who was unavailable for interview at the time of the investigation conducted on 3/14/18 and 3/16/18. Interview with the Director of Regulatory Affairs on 3/16/18 at 11:24 AM indicated that after receiving Patient #1's ambulance run sheet on Friday 2/23/18 or Monday (2/26/18), Hospital #2 believed this to be a potential EMTALA and tried to validate what had occurred. Interview with the VP of Legal Services on 3/16/18 at 11:28 AM noted that Hospital #2 engaged expert council regarding the possibility of an EMTALA violation and after confirmation and validation the facts were understood by 3/5/18 and the possible violation was then reported to the State of Connecticut DPH on 3/8/18. Hospital #2's EMTALA policy identified that each hospital shall monitor compliance with the EMTALA and any apparent violations shall be reported, in part to the Centers for Medicare & Medicaid Services or State Agency, however, the policy lacked the timeframe for reporting.

Yale
NewHaven
Health
Yale New Haven
Hospital

April 18, 2018

Heidi Caron, RN, MSN, BC, CLNC, SNC
Supervising Nurse Consultant
Facility Licensing and Investigations Sections
410 Capital Avenue
P.O. Box 340308
Hartford, CT 06134-0308

RE: Yale New Haven Hospital Letter of Violation, April 4, 2018.

Dear Ms. Caron,

Please find enclosed Yale New Haven Hospital's (YNHH) response to your letter of April 4, 2017 containing plans of correction and response for the violation set forth in the letter.

If you need additional information, please contact me at Victoria.DhalVickers@ynhh.org or by phone at (203) 688-6374.

Sincerely,

Victoria Dhal Vickers, RN, MBA
Executive Director Accreditation & Regulatory Affairs
Clinic Building, 1st Floor, Room CB1049J
Yale New Haven Health
20 York Street
New Haven, CT 06510

VDV:jd:enclosure

CC: Thomas Balcezak
Marna Borgstrom
Richard D'Aquila
Jennifer Willcox

FACILITY: Yale-New Haven Hospital

DATES OF VISIT: March 14 and 16, 2018

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1a.	DPH Plan of Correction	Completion Date
	• The "Yale New Haven Health System EMTALA Policy: Medical Screening/Stabilization, On-Call and Transfer" will be revised to include the seventy-two (72) hour timeframe for reporting a suspected Emergency Medical Treatment and Labor Act (EMTALA) violation.	May 4, 2018
	• An educational communication: Situation, Background, Assessment, and Recommendation (SBAR) was distributed via email to Emergency Department staff inclusive of registered nurses, medical doctors, and advanced practice providers; and hospital Accreditation and Regulatory Affairs staff; and, selected staff from Legal and Risk Services department.	April 17, 2018 ✓
	• Monitoring Plan: o Recipients of the SBAR will confirm that they have read and understand the EMTALA SBAR with an electronic return attestation. o All reports of suspected EMTALA violations to the Accreditation and Regulatory Affairs and/or the Legal and Risk Services departments will be analyzed and reported, when appropriate, within the 72 hour timeframe.	May 25, 2018
	• The Executive Director of Accreditation and Regulatory Affairs for the Yale New Haven Health System was designated to oversee the monitoring of these corrective actions.	